Family Survey — Early Intervention — Page 1 of 2 This is a survey for families receiving <i>Early Intervention</i> services (Early ACCESS). Your responses are important. The state will use your responses to improve services and results for children and families. For each statement below, please select one choice: Very Strongly Disagree, Strongly Disagree, Disagree, Agree, Strongly Agree, Very Strongly Agree. In responding to each statement, think about your experience with <i>Early Intervention</i> services over the past year. You may skip any statement that you feel does not apply to your family. Your responses will be kept confidential.			FOR OFFICE USE ONLY:					
			Use a Pencil to mark a box. Use a check mark in the appropriate box.					
			EE					SEE.
	FAMILY-CENTERED SERVICES							
1. 2. 3. 4.	I was offered help I needed to participate in the Early ACCESS Individualized Family Ser-Plan (IFSP) meeting(s). I was asked whether I wanted help in dealing with stressful situations. I was given choices concerning my family's services and supports. My family's daily routines were considered when planning for my child's services.	1. 2. 3. 4.						
5. 6.	I have felt part of the team when meeting to discuss my child. The services on our IFSP have been provided in a timely way.	5. 6.	旹					
My j	family was given information about:							
7. 8. 9. 10. 11. 12. 13.	Modifications of routines, activities, and the physical setting that would help my child The rights of parents regarding Early ACCESS services Community programs that are open to all children Organizations that offer support for parents of children with disabilities How to participate in different programs and services in the community Opportunities for my child to play with other children How to advocate for my child and my family Who to call if I am not satisfied with the services my child receives	7. 8. 9. 10. 11. 12. 13.						
Som	neone from Early ACCESS:							
15. 16. 17. 18.	Helped me get services like child care, transportation, respite care, or food stamps Helped me get in touch with other parents for help and support Asked whether the services my family was receiving were meeting our needs Went out into the community with me and my child to help us get involved in community activities and services	15. 16. 17.						
The	Early ACCESS service provider(s) that work with my child:							
19. 20. 21. 22. 23. 24. 25.	Are dependable	19. 20. 21. 22. 23. 24.						

Adapted from Version 2.0, National Center for Special Education Accountability Monitoring Family Survey — Early Intervention — Page 2 of 2 http://www.monitoringcenter.lsuhsc.edu Use a Pencil to mark a box. Use a check mark in the appropriate box. STRONGLY DISAGREE IMPACT OF EARLY INTERVENTION SERVICES ON YOUR FAMILY Over the past year, Early ACCESS services have helped me and my family: Participate in typical activities for children and families in my community. Know about services in the community. 27 Improve my family's quality of life. Know where to go for support to meet my child's needs. 29. Know where to go for support to meet my family's needs._____ 30. Get the services that my child and family need. 31. Feel more confident in my skills as a parent. Keep up friendships for my child and family. Make changes in family routines that will benefit my child with special needs. 34. Be more effective in managing my child's behavior. 35. Do activities that are good for my child, even in times of stress. 36. Feel that I can get the services and supports that my child and family needs. 37. Understand how the Early ACCESS system works. Be able to evaluate how much progress my child is making. 39. Feel that my child will be accepted and welcomed in the community. 40. Feel that my family will be accepted and welcomed in the community. 41. Communicate more effectively with the people who work with my child and family. П 42. П Understand the roles of the people who work with my child and family. 43. Know about my child's and family's rights concerning Early ACCESS services. 44. Do things with and for my child that are good for my child's development. 45. Understand my child's special needs. 46. 47. Feel that my efforts are helping my child._____ Please Return in the Enclosed Envelope — Thank You for Your Participation —

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